

# **Candida auris: A drug-resistant yeast that spreads in healthcare facilities**

A CDC message to infection preventionists

*Candida auris* is a yeast that causes serious infections. Infection preventionists, healthcare workers, and laboratory staff can all help stop it from spreading.

## **Why is *Candida auris* a problem?**

- **It causes serious infections.** *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and nursing homes who have multiple medical problems. More than 1 in 3 patients die within a month of *C. auris* infection.
- **It is often multidrug-resistant.** Antifungal medications commonly used to treat *Candida* infections often don't work for *C. auris*. Some *C. auris* isolates are resistant to all three major classes of antifungal medications.
- **It's becoming more common.** Although *C. auris* was just recognized in 2009, it has emerged quickly. Since then, it has been reported from over 20 countries, including the United States.
- **It's difficult to identify.** *C. auris* can be misidentified as other types of yeast unless specialized laboratory methods are used. Unrecognized *C. auris* can spread to other patients in a facility, causing an outbreak. Identifying *C. auris* is critical to knowing what steps to take to control it in a healthcare setting.
- **It can spread in healthcare facilities.** Just like other multidrug-resistant organisms such as CRE and MRSA, *C. auris* can be transmitted in healthcare settings and cause outbreaks. It can colonize patients for many months, persist in the environment, and withstand many routinely used disinfectants in healthcare facilities.

**Early detection and infection control can limit the spread of *C. auris***

## **Prepare for *C. auris* in your facility**

1. Work with your laboratory to ensure the yeast identification method used in your facility can identify *C. auris*. If it cannot, know when to suspect *C. auris* and send suspected isolates to your state or local public health department for further identification.
2. Begin surveillance. Establish a protocol with your laboratory so that your department is promptly informed when *C. auris* is suspected.
  - i. If your laboratory is not equipped to identify *C. auris*, begin surveillance for organisms that commonly represent a *C. auris* misidentification. See [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris) for common misidentifications by yeast identification method.



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3. Know which patients are at higher risk for *C. auris*. These include:
  - i. Patients who have received healthcare in post-acute care facilities (e.g., nursing homes), especially those with ventilator units.
  - ii. Patients with a recent history of receiving healthcare outside the United States in a country with known *C. auris* transmission (visit [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris) for a map of countries). These patients have a higher risk of *C. auris* infection or asymptomatic colonization.
4. Have a response plan. Discuss recommendations for infection prevention and control of *C. auris* with healthcare staff, including environmental services.



### What should I do if there is *C. auris* in my facility?

1. Check the CDC website for the most up-to-date guidance on identifying and managing *C. auris*: [www.cdc.gov/fungal/candida-auris](http://www.cdc.gov/fungal/candida-auris).
2. Report possible or confirmed *C. auris* immediately to your public health department.
3. Ensure adherence to CDC recommendations for infection control, including:
  - i. Place patients infected or colonized with *C. auris* in a single room on contact precautions
  - ii. Assess and enhance gown and glove use
  - iii. Reinforce hand hygiene
  - iv. Coordinate with environmental services to ensure the patient care environment is cleaned with a disinfectant that is effective against *C. auris* (i.e., those effective against *Clostridium difficile*) by searching “List K” at [www.epa.gov](http://www.epa.gov). Work with the environmental services team to monitor the cleaning process.
4. After consulting with public health personnel, screen contacts of case-patients to identify patients with *C. auris* colonization. Use the same infection control measures for patients found to be colonized.
5. When a patient is being transferred from your facility (e.g., to a nursing home or other hospital), clearly communicate the patient’s *C. auris* status to receiving healthcare providers.

For questions, or to report a suspected case, contact the Communicable Disease Branch at the Colorado Department of Public Health and Environment.

303-692-2700 during business hours | 303-370-9355 after hours

